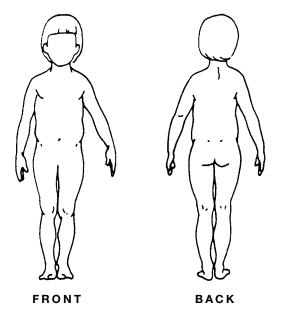
# Physical Description and Medical Information

Telephone: (

Please use the two figures below and the numbered spaces to the right to record the location and any type of distinguishing birthmarks, moles, scars, previously broken bones or prosthetics.



Place a Rece	nt Photo Here
(And Upo	late Yearly)

#### This card was developed by the FBI

for your child's protection. It will assist local, state and federal law enforcement officials to identify your child in a crisis situation. This card is provided in cooperation with your local law enforcement agencies.

FRONT		BACK
1	1	
2	2	
3	3	
4	4	
5	5	
Date:	Height:	Weight:
Eye Color:	Hair Color:	Blood Type:
My Child's Medical Record		
Dr		
Address:		
City:		
		Zip
My Child's Dental Records	s Are On File With:	
Dr		
Address:		
City:		
State:		Zip:

### Compliments of

#### ASSEMBLYMEMBER PEDRO NAVA

35TH ASSEMBLY DISTRICT

**DISTRICT OFFICES:**101 West Anapamu Street, Suite A, Santa Barbara, California 93101 (805) 564-1649 • Fax: (805) 564-1651

201 East Fourth Street, Suite 209 A, Oxnard, California 93030 (805) 483-9808 • Fax: (805) 483-8182

E-MAIL: Assemblymember.Nava@assembly.ca.gov

## FBI CHILD IDENTIFICATION

Left Four Fingers Taken Simultaneously

Date of Birth	
Date of Billin	
Date	
Signature of Child or Parent/Guardian	

IDENTI	Signat	Signature of Child or Parent/Guardian																
Last Name	First Name Middle Name									Sex		Race	Height		Hair Color	Eye Color		
Nick Name Password								Leave Blank Class										
IF YOUR CHILD SHOULD EVER DISAPPEAR, TAKE THIS FINGERPRINT CARD TO YOUR LOCAL POLICE DEPARTMENT AND REQUEST THAT THE CLASSIFICATION BE ENTERED INTO THE FBI'S NATIONAL CRIME INFORMATION CENTER.								RefNCIC Class-FPC										
INI ONWATION CENT	I LI 1.																	
1. Rìght Thumb	2. Right Index			3. Right Middle						4. F	Ring		5. Right Little					
1. Left Thumb	2. Left	t Index		3. Left Middle						4. Left Ring					5. Left Little			

Left Thumb

Right Thumb

Right Four Fingers Taken Simultaneously